

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C.H.		08-12-01
O.I.P.E. CLASSIFIER		8	8-24-01
FORMALITY REVIEW	H.I.	1079	09/27/01
RESPONSE FORMALITY REVIEW	Y-S	866	02-15-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

780  
 01/27/01  
 01-571  
 02/15/02